

## **EXHIBIT 2 ORIGINAL PROOF OF CLAIM**

B                      C                      Western                      New York	
<b>Name of Debtor:</b> Rochester Drug Co-Operative, Inc.  <b>Case Number:</b> 20-20230	<b>For Court Use Only</b>  0000020093  07/14/2020 13:04:47

## Proof of Claim (Official Form 410)

**Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. With the exception of 503(b)(9), do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.**

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

04/1

<b>Part 1: Identify the Claim</b>	
<b>1. Who is the current creditor?</b> Name of the current creditor (the person or entity to be paid for this claim): <u>Charles Aaron</u>  Other names the creditor used with the debtor: <u>N/A</u>	
<b>2. Has this claim been acquired from someone else?</b> <input checked="" type="checkbox"/> No    Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
<b>Where should notices to the creditor be sent?</b>  Name <u>Charles Aaron</u>  A <u>ATTN: Lowell W. Finson, Esq</u> <u>12777 W. Jefferson Blvd.</u> <u>Bldg. D. 3rd Fl</u>  C <u>Playa Vista</u> State <u>CA</u> ZIP Code <u>90066</u>  Country _____ Phone: <u>(424) 289-2627</u> Email: <u>lowell@finsonlawfirm.com</u>	<b>Where should payments to the creditor be sent?</b>  Name _____  Address _____  City _____                      State _____                      ZIP Code _____  Country _____ Phone _____ Email _____
<b>4. Does this claim amend one already filed?</b> <input checked="" type="checkbox"/> No  Yes. _____  Comments _____	<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b> <input checked="" type="checkbox"/> No  Yes. _____

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?

☒ N

How much is the claim?

\$ undetermined

Does this amount include interest or other charges

☐ N

☐ A

☐ B

) ) A)

8. What is the basis of the claim?

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w  
) L

Litigation-Pers. Injury/Workers Comp.

9. Is all or part of the claim secured?

☒ N

Nature of property:

If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (official Form -A) with this *Proof of Claim*.

Motor vehicle

Other. Describe:

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$

Amount of the claim that is secured: \$

Amount of the claim that is unsecured: \$

(The sum of the secured and unsecured amounts should match the amount in line .)

Amount necessary to cure any default as of the date of the petition: \$

Annual Interest Rate (when case was filed) %

☐ Fixed ☐ Variable

10. Is this claim based on a lease?

☒ No

Yes. Amount necessary to cure any default as of the date of petition.

\$

11. Is this claim subject to a right of setoff?

☒ No

Yes. Identify the property:

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

Yes. Check one:

Domestic support obligations (including alimony and child support) under U.S.C. § (a)( ) (A) or (a)( ) (B).

Up to \$ \* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. U.S.C. § (a)( ).

Wages, salaries, or commissions (up to \$ \*) earned within days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. U.S.C. § (a)( ).

Taxes or penalties owed to governmental units.

U.S.C. § (a)( ).

Contributions to an employee benefit plan. U.S.C. § (a)( ).

Other. Specify subsection of U.S.C. § (a) ( ) that applies.

\* Amounts are subject to adjustment on / / and every years after that for cases begun on or after the date of adjustment.

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Amount entitled to priority

\$

\$

\$

\$

\$

\$

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?

☒ No

Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$

Part 3: Sign Below	
<p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</b></p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p><b>A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.</b></p>	<p><i>Check the appropriate box:</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p><i>Kelly Henson</i> <span style="float: right;">07/14/2020 13:04:47</span></p> <p><b>Provide the name and contact information of the person completing and signing this claim:</b></p> <p>Kelly Henson</p> <hr/> <p>A 12777 W. Jefferson Blvd.</p> <p>Bldg. D. 3rd Fl</p> <p>Play Vista</p> <p>CA 90066</p> <p>(424)289-2627</p> <p>lowell@finsonlawfirm.com</p>